



Request for Section 125 Premium Only Plan Document

Client Name _____

Effective Date of POP Document _____

Client's Benefit Plan Year _____

Client Address _____

City _____ State _____ Zip _____

Phone Number _____

Tax Id Number _____

Client's DOL Plan # if applicable (i.e.: 501) _____

Broker Name _____

Who is to receive the invoice for \$300 _____

Client Signature _____

Date of Signature _____

Amwins Connect Administrators Contact Requesting Plan Document

Date Requested _____ Date Needed _____

Please return completed form to: gbs.compliancedept@amwins.com